

BB

CJA 23  
(Rev. 5/98)

## FINANCIAL AFFIDAVIT

IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE

IN UNITED STATES  MAGISTRATE  DISTRICT  APPEALS COURT  OTHER PANEL (Specify below)

IN THE CASE OF

United States vs.

Calvin Lockhart

FOR

FILED

AT

Feb 29, 2008  
FEB 29 2008

LOCATION NUMBER

PERSON REPRESENTED (Show your full name)

Calvin Lockhart

CHARGE/OFFENSE (describe if applicable &amp; check box →)

 Felony  MisdemeanorMICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURT2  Defendant - Adult  
3  Defendant - Juvenile  
4  Appellant

4  Probation Violator  
5  Parole Violator  
6  Habeas Petitioner  
7  2255 Petitioner  
8  Material Witness  
9  Other (Specify) \_\_\_\_\_

DOCKET NUMBERS

Magistrate

District Court

08CR109

Court of Appeals

## ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

EMPLOY-  
MENTAre you now employed?  Yes  No  Am Self Employed

Name and address of employer: \_\_\_\_\_

IF YES, how much do you earn per month? \$ \_\_\_\_\_ IF NO, give month and year of last employment  
How much did you earn per month? \$ \_\_\_\_\_If married is your Spouse employed?  Yes  NoIF YES, how much does your Spouse earn per month? \$ \_\_\_\_\_ If a minor under age 21, what is your Parents or  
Guardian's approximate monthly income? \$ \_\_\_\_\_

## ASSETS

OTHER  
INCOMEHave you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources?  Yes  No

RECEIVED

SOURCES

IF YES, GIVE THE AMOUNT  
RECEIVED & IDENTIFY \$ \_\_\_\_\_  
THE SOURCES \_\_\_\_\_

## CASH

Have you any cash on hand or money in savings or checking account  Yes  No IF YES, state total amount \$ \_\_\_\_\_PROP-  
ERTYDo you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)?  Yes  No

VALUE

DESCRIPTION

IF YES, GIVE THE VALUE AND \$ \_\_\_\_\_  
DESCRIBE IT \_\_\_\_\_OBLIGATIONS  
& DEBTSDEBTS &  
MONTHLY  
BILLS(LIST ALL CREDITORS,  
INCLUDING BANKS,  
LOAN COMPANIES,  
CHARGE ACCOUNTS,  
ETC.)

MARITAL STATUS  
 SINGLE  
 MARRIED  
 WIDOWED  
 SEPARATED OR  
 DIVORCED

Total  
No. of  
Dependents

List persons you actually support and your relationship to them

APARTMENT  
OR HOME:

Creditors

Total Debt

Monthly Payt.

Prisoner  
in BOP\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date) \_\_\_\_\_

SIGNATURE OF DEFENDANT  
(OR PERSON REPRESENTED)

Calvin Lockhart